



Yes! I want to create a better future for *everyone* in our community with this donation.

\$ _____
Donation Amount

First Name Last Name

Address

City, State, Zip

Email Phone

Enclosed is a check payable to Assistance League of the Eastside.

Please charge my credit card.

Visa MasterCard

Credit Card Number Expiration Date 3-Digit Security Code

Signature

Please do not list my name in Assistance League publications.

Mail this form and payment to:

Assistance League of the Eastside
16541 Redmond Way PMB 291C
Redmond, WA 98052

THANK ★ YOU!

Assistance League of the Eastside is an all-volunteer, nonprofit 501c(3) organization.
All donations are tax deductible within the limits of the law. Tax ID# 91-1723025